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Bell Laboratories, Inc.

3699 Kinsman Boulevard, Madison, Wisconsin 53704 U.S.A. / 608/241-0202 / Fax: 608/241-9631 / www.belllabs.com

19 August 2013

Document Processing Desk - 6A2
Office of Pesticide Programs - 7504C
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Ave. N.W.
Washington, DC 20460

Re: FIFRA Section 6(a)(2) – Voluntary Industry Report for Adverse Effects Incident Information

Enclosed, please find our Voluntary Industry Report for Adverse Effects Incident Information submitted in accordance with FIFRA section 6(a)(2). Also, in accordance with FIFRA section 6(a)(2), and as specified under 40CFR Part 159.156, we include the following information in this cover letter.

Submitter: Craig A. Riekana
Compliance Manager
Bell Laboratories, Inc.

Registrant Name: Bell Laboratories, Inc.
3699 Kinsman Blvd.
Madison, WI 53597

Transmittal Date: August 19, 2013

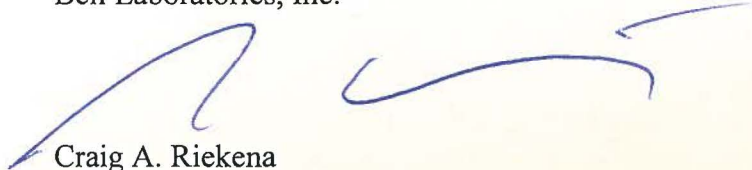
Submission: Voluntary Incident Report

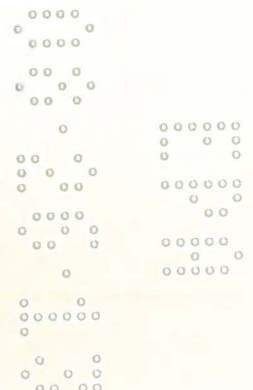
Reportable Substance(s):

Product	EPA Reg. #
.	
Tomcat Mouse Killer X	12455-138-3240

Sincerely,

Bell Laboratories, Inc.


Craig A. Riekana
Compliance Manager
Bell Laboratories, Inc.
criekena@belllabs.com



Personal privacy information

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 1213886
Administrative Data	Address Grosse Pointe, MI 48236 USA		Address	
	Phone # [REDACTED]	Phone #		
	Incident Status: New	Location and date of incident Grosse Pointe, MI USA 05/25/2013	Date registrant became aware of incident. 07/25/2013	Was incident part of larger study? No
Row 2	EPA Registration # (Product 1) 12455-138-3240	EPA Registration # (Product 2)		EPA Registration # (Product 3)
	A.I. (s)	A.I. (s)		A.I. (s)
	Product 1 name Tomcat Mouse Killer X (refillable bait station)	Product 2 Name		Product 3 Name
	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?		Exposed to concentrate prior to dilution?
	Formulation wax block	Formulation		Formulation
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/woods, agricultural (specify crop) right-of-way (rail, utility, highway)). Own Residence		Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). See Incident Description Notes
	Applicator certified? UNK			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description Notes			

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

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Brief description of incident circumstances.

O'Rourke, Carrie Jul 25 2013 1:23PM

IIx. Caller states that her brother may have put this product out around their home 2 months ago without wearing gloves. Within the past two months, [REDACTED] has had bad headaches and photophobia that cannot be completely diagnosed. Caller states that her brother has undergone 'numerous' amounts of tests to try and come up with a diagnosis. The closest the MDs have come was saying that it was a nerve issue problem. [REDACTED] has been given Lyrica to help with the pain. Caller wishes to know if handling the product (possibly) without gloves would contribute to his sxs. Confirmed product with EPA.

A. No, I would not expect this outcome from handling the product without gloves. I will have this documented and reported onto the manufacturer of the product. Rec. continuing under MD care to completely diagnose the condition. Provided case # and callback #. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7.

Anderson, Traci Jul 25 2013 2:59PM
Reviewed.



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area Page 3 of 3

Demographic information: Age: 43 Year(s) Sex: Male Occupation (if relevant) NA	Exposure route: Unknown route	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? None Reported
If female, pregnant? NA	Was exposure occupational? Not indicated If yes, days lost due to illness: NA	Time between exposure and onset of symptoms: Sporadic onset of multiple symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Private MD/DVM-treated & released	List signs/symptoms/adverse effects Neurological-Headache Ocular-Photophobia	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute < 8hrs Patient weight: Unknown			
Human severity category: IIC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
1213886